



North Raleigh Christian Academy

7300 Perry Creek Road, NC 27616 • (919) 573-7900 Office • (919) 573-7901 Fax
nrcaknights.com

Parent Information - EpiPen Procedures 2020/2021 School Year

1. Epinephrine may be given in school, during school-sponsored activities, or at NRCA only with both physician and parent- or guardian-signed authorization.
2. This form must be on file in the school office or other approved location. The parent or guardian is responsible for obtaining the physician's statement, Part II. For a student who attends NRCA, a copy of the medication form must be on file at NRCA.
3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing Part II. Information necessary includes:
 - name of student
 - specific allergen for which epinephrine is being prescribed
 - route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bites)
 - brand name of medication
 - exact dosage to be taken in school
 - amount of pre-measured epinephrine
 - time for repeated dose if deemed necessary
 - duration of medication order and effective dates
 - physician's signature
 - date
5. Only pre-measured doses of epinephrine may be given by NRCA staff members.
6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat of EpiPen injection for student who carries his or her own, then the parent must supply the school with two EpiPens. Expiration date must be clearly indicated.
7. Medication must be hand-delivered to the school clinic by the parent or guardian unless approved for the student to carry during school and NRCA hours.
8. A parent is to collect unused medication within one week after the end of expiration of order or on the last day of school. Medication not claimed within that period will be destroyed.



North Raleigh Christian Academy

EpiPen Authorization 2020/2021 School Year

PART I – PARENTS OR GUARDIAN TO COMPLETE

I hereby authorize North Raleigh Christian Academy (NRCA) personnel to administer emergency epinephrine injections as directed by the physician (Part II). I agree to release, indemnify, and hold harmless NRCA and any of their officers, staff members, or agents from lawsuit, claim expense, demand or action, against them for administering the injection, provided they follow the physician's order as written in Part II below. I am aware that a non-health professional may administer the injection. I have read the procedures outlined on the back of this form and assume responsibility as required.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name (Last, First, Middle) _____

Date of Birth _____

School _____

School Year _____

No NRCA employee shall administer medication or treatment, as an exception under NRCA policy, unless all the required clearances have been personally reviewed by the principal or his or her designee.

Parent or Guardian Signature _____

Daytime Telephone _____

Date _____

PART II – PHYSICIAN TO COMPLETE

Emergency injections are administered at NRCA by non-health professionals.

The following injection will be given immediately after report of exposure to _____.

Route of Exposure: Ingestion Skin Contact Inhalation Insect Sting or Bite

Check appropriate boxes:

EpiPen

Give the pre-measured dose of 0.3mg epinephrine 1:1000 aqueous solution (0.3cc) by autoinjection.

Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed for school).

EpiPen Jr.

Give the pre-measured dose of 0.15mg epinephrine 1:2000 aqueous solution (0.3cc) by autoinjection.

Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed for school).

Check appropriate box:

I believe that this student has received adequate information on how and when to use an EpiPen.

The student is to carry EpiPen during school or NRCA hours with principal approval. The student can use the EpiPen properly in an emergency.

The EpiPen will be kept in the school clinic or other school-approved location (specify): _____

Effective Date:

Current School Year

From _____ To _____

Physician Name (Print or Type) _____

Physician Signature _____

Telephone or Fax _____

Date _____

Parent or Guardian Name (Print or Type) _____

Parent or Guardian Signature _____

Telephone _____

Date _____

Student Signature _____

Date _____

(required if student carries EpiPen)

PART III – PRINCIPAL OR PRINCIPAL DESIGNEE

Check as appropriate:

Parts I and II above are completed including signatures. (It is acceptable if all items in Part II are written on the physician's stationery or a prescription pad.)

Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (within one week after expiration of the physician order or on the last day of school)

The student has been approved by the principal to carry an EpiPen. An individual health care plan, procedure must be on file.

Principal or Principal Designee Signature _____

Date _____

Information from North Raleigh Christian Academy student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.